

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07699

1. Entity Name
NEW COVENANT MISSIONARY WORLD OUTREACH
CENTER, INCORPORATED



Principal Place of Business
252 AVE E
PORT ST. JOE, FL 32456 US

Mailing Address
252 AVE E
PORT ST. JOE, FL 32456 US

FILED

08 APR 28 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04202008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2595775

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARD, DEBBIE Y
101 BAY STREET
PORT ST. JOE, FL 32456

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PITTMAN, NAPOLEON
STREET ADDRESS 252 AVENUE E
CITY-ST-ZIP PORT ST. JOE, FL

TITLE VS
NAME PITTMAN, PHYLLIS A
STREET ADDRESS 252 AVENUE E
CITY-ST-ZIP PORT ST. JOE, FL

TITLE D
NAME WARD, ARION
STREET ADDRESS 101 BAY STREET
CITY-ST-ZIP PORT ST. JOE, FL

TITLE TD
NAME WARD, DEBBIE Y
STREET ADDRESS 101 BAY STREET
CITY-ST-ZIP PORT ST. JOE, FL

TITLE D
NAME GANT, LINDA R
STREET ADDRESS 103 BROAD ST
CITY-ST-ZIP PORT ST. JOE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700126397237
04/29/08--01001--013 **70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver, outside empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Phyllis A. Pittman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 Apr 08
Date

850.229.8137
Daytime Phone #